

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-27-03. In accordance with Rule 133.307(d)(1) A dispute on a carrier shall be considered timely if it is filed with the division no later than one year after the dates of service in dispute therefore dates of service 10-08-02 through 10-24-02 in dispute are considered untimely and will not be address in this review.

The IRO reviewed office visits, joint mobilization, myofasical release, therapeutic exercises, neuromuscular re-education, therapeutic activities, manual traction, neuromuscular stimulator shock unit, durable medical equipment, and supplies and materials rendered from 10-16-01 through 12-28-01 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity neuromuscular re-education, joint mobilization, and manual traction. However the Medical Review Division has determined that the **requestor prevailed** on the issues of medical necessity for office visits, myofasical release, therapeutic exercises and activities, supplies and materials, neuromuscular stimulation shock unit, and the durable medical equipment. Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$5462.00). Therefore, upon receipt of this Order and in accordance with §133.308(r)(9) the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 01-23-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. Relevant information was not submitted by the requestor in accordance with Rule 133.307 (g)(3) to confirm delivery of service for the fee component in this dispute.

Therefore reimbursement is not recommended for fee component for dates of service 01-27-03, 02-04-03, and 03-31-03.

This Decision is hereby issued this 26th day of April 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 10-29-02 through 04-24-03 in this dispute.

This Order is hereby issued this 26th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

January 21, 2004

MDR Tracking #: M5-04-0618-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review.

In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

____, a 35-year-old female bus driver, injured her right shoulder and lower back when the mechanism that opened and closed the bus door jammed. She subsequently wrenched herself when she had to forcefully open the door. After a conservative trial of therapy and rehabilitation that was unsuccessful, she eventually underwent surgery to her right shoulder, followed by a course of postoperative therapy and rehabilitation co-managed with medical physicians and a doctor of chiropractic.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, joint mobilization, myofascial release, therapeutic exercises, neuromuscular re-education, therapeutic activities, supplies and materials, manual traction, neuromuscular stimulator shock unit and durable medical equipment

DECISION

The reviewer agrees with the prior adverse determination for the following: neuromuscular re-education, joint mobilization and manual traction were not found to be medically necessary.

The reviewer disagrees with the prior adverse determination for the following: office visits, myofascial release, therapeutic exercises and activities, supplies/materials, neuromuscular stimulation shock unit, and the durable medical equipment were found to be medically necessary and appropriate.

BASIS FOR THE DECISION

The diagnosis and objective findings do not support the application of neuromuscular re-education, so it is not medically necessary; in addition, neither the daily progress notes nor the physical therapy notes describe the application of this procedure. Joint mobilization is a component of manipulation so approving both would be duplicative. Further, manual traction is not indicated in this type of shoulder injury.

____ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ____ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,